



Parent's Worksheet for Completing the North Dakota Birth Certificate

All of the information you provide below is required by ND State Law (ND Century Code 23-02.1-13) and will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. A birth certificate will be used by your child throughout his or her life.

It is very important that you provide complete and accurate information to all of the questions below. This worksheet must be completed **before you leave the hospital** and signed by one of the parents. Please **print clearly**, as the information on this sheet will be used to complete the birth certificate.

Signature

I hereby certify that I have read the above-cited statute and that the personal information provided on this worksheet is correct to the best of my knowledge.

Signature of Parent or Informant

Date

Child's Information

What is the legal name you are giving this child? **(If the mother was unmarried between conception and birth, the child must have the mother's current legal surname unless an acknowledgement of paternity is signed).**

First

Middle

Last

Suffix (Jr, III, Etc)

Mother's Information

1. What is the **Mother's current legal name**?

First

Middle

Last

Suffix (Jr, III, Etc)

2. What is the Mother's last name **prior to first marriage**?

Maiden Last Name

3. What is the Mother's **address**? (Residence - Where the mother's house is located).

Street Address _____ Apt _____

City _____ County _____

State _____ Zip _____

If not in the United States, Country _____

Is this address located inside city limits? Yes No

4. Is the Mother's **mailing address** the same as the residence address? Yes No

If No, please state mailing address below

Street Address _____ Apt _____

City _____ County _____

State _____ Zip _____

If not in the United States, Country _____

5. What is the Mother's **date of birth**? _____ / _____ / _____
Month Day Year
6. In what State, U.S. territory or foreign **country was the Mother born**?
State _____
Or
US territory _____
(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)
Or
Foreign country (If Canada, list province as well) _____
7. What is the Mother's **Social Security Number** _____ - _____ - _____
8. Was the mother **married** at the time of conception or birth or anytime in between?
 Yes
 No
9. What is the **highest level of schooling** that the Mother will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).
 8th grade or less
 9th – 12 grade, no diploma
 High school graduate or GED completed
 Some college credit, but no degree
 Associate degree (e.g. AA, AS)
 Bachelor's degree (e.g. BA, AB, BS)
 Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
 Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
 Refused/Unknown
10. What is the Mother's **race**? (Please check *one or more races* to indicate what you consider yourself to be).
 White
 Black or African American
 American Indian or Alaska Native
Specify Tribe _____
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian (Specify) _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander (Specify) _____
 Other (Specify) _____
 Refused/Unknown
11. What is the Mother's **ancestry**? (Please check *one or more races* to indicate what you consider yourself to be).
 Native American Indian
 English/Welsh
 Irish
 German
 French
 Scandinavian (Norwegian, Danish, Swedish)
 Polish
 Other Western European (i.e. Belgian)
 Other Eastern European (i.e. Russian)
 Other Northern European (i.e. Finnish)
 Other (Specify) _____
 Refused/Unknown
12. Is the Mother **Spanish/Hispanic/Latina**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.
 No, not Spanish/Hispanic/Latina
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(specify) _____
 Refused/Unknown

< Apply Hospital Label Here >

3. What is the Father's **date of birth**? _____ / _____ / _____
Month Day Year
4. In what State, U.S. territory or foreign **country was the Father born**?
State _____
Or
US territory _____
(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)
Or
Foreign country (If Canada, list province as well) _____
5. What is the **highest level of schooling** that the Father will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).
- | | |
|---|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) |
| <input type="checkbox"/> 9 th – 12 grade, no diploma | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA) |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Refused/Unknown |
| <input type="checkbox"/> Associate degree (e.g. AA, AS) | |
6. What is the father's **race**? (Please check *one or more races* to indicate what he considers himself to be).
- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian (Specify) _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> American Indian or Alaska Native
Specify Tribe _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander (Specify) _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Refused/Unknown |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Vietnamese | |
7. What is the father's **ancestry**? (Please check *one or more races* to indicate what you consider yourself to be).
- | | |
|--|---|
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other Western European (i.e. Belgian) |
| <input type="checkbox"/> English/Welsh | <input type="checkbox"/> Other Eastern European (i.e. Russian) |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other Northern European (i.e. Finnish) |
| <input type="checkbox"/> German | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Refused/Unknown |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) | |
| <input type="checkbox"/> Polish | |
8. Is the father **Spanish/Hispanic/Latino**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.
- | |
|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(specify) _____ |
| <input type="checkbox"/> Refused/Unknown |

